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APPLICANTS

Thomas Louis Toth, Brookfield, WI;
 David Michael Hoffman, New Berlin, WI;

HCS

** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/18/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS HCS		
Verified and Acknowledged				

ADDRESS

27256
 ARTZ & ARTZ, P.C.
 28333 TELEGRAPH RD.
 SUITE 250
 SOUTHFIELD, MI
 48034

TITLE

COMPUTED TOMOGRAPHY DOSE INDEXING PHANTOM SELECTION FOR DOSE REPORTING

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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